



Cherokee Health Systems Internship Institute Health Care Scholar Application

To apply, submit this application, statement of interest, and a resume to sandra.greear@cherokeehealth.com.
Applications will be accepted and reviewed on an ongoing basis beginning August 1, 2020.

Last Name	First Name	Middle Initial
Address	City	State
Home Phone	Cell Phone	

Internship Track Preference:

- Healthcare Administration & Operations
- Information Technology & Analytics
- Finance & Financial Analytics
- Marketing
- Human Resources
- Medical Scribe

Statement of Interest:

Using 1000 words or less, please describe your interest in the Cherokee Health Systems Institute Health Care Scholar Program and track preference.

Education:

	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional School				



References

Please list a minimum of three personal references, one of which has known you for at least five years and a minimum of two professional references, one with at least five years' direct knowledge of your qualifications for the position you seek. If you are a student, you may list one faculty/instructor reference.

Reference Name _____ **Phone** _____

Relationship _____ **Years Known** _____

Reference Name _____ **Phone** _____

Relationship _____ **Years Known** _____

Reference Name _____ **Phone** _____

Relationship _____ **Years Known** _____

Reference Name _____ **Phone** _____

Relationship _____ **Years Known** _____

Applicant's Authorization

I hereby authorize any of my employers and schools (list any exceptions and the reason):

to release information contained in my records for purposes of processing my application. I also waive any action against them and Cherokee Health Systems should this information result in rejection of my application. Further, I understand that I will not have access to information collected during this process.

Signature of Applicant _____ Date _____



Self-Report of Legal and Criminal Actions

If you answer “yes” to either of the following questions, please provide a detailed description of the events leading up to the issue, the outcome, and any additional information that clarifies them.

1. Have you ever been convicted of any crime, including felonies and/or misdemeanors, or plead nolo contendere, or any other form of non-guilty plea?

Yes No

2. Has any government agency (i.e., license bureau, Medicaid, Medicare, state entity, etc.) ever suspended, revoked or taken any other action against your license to practice?

Yes No

Applicant’s Authorization

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Internship Applicant

Date